

ISSUE SLIP STAPLE HERE (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>RMV</i>		5/24/99
O.I.P.E. CLASSIFIER		12	6/1/99
FORMALITY REVIEW	DMIC	69169	6-7-99

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 (Through numeral)... Canceled      A ..... Appeal  
 - ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	5/24/99
2	✓	✓	5/24/99
3	✓	✓	5/24/99
4	✓	✓	5/24/99
5	✓	✓	5/24/99
6	✓	✓	5/24/99
7	✓	✓	5/24/99
8	✓	✓	5/24/99
9	✓	✓	5/24/99
10	✓	✓	5/24/99
11	✓	✓	5/24/99
12	✓	✓	5/24/99
13	✓	✓	5/24/99
14	✓	✓	5/24/99
15	✓	✓	5/24/99
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46	✓	✓	5/24/99
47	✓	✓	5/24/99
48	✓	✓	5/24/99
49	✓	✓	5/24/99
50	✓	✓	5/24/99

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here